

neous affection may be affirmed from the presence of any one of the four following characteristics: (1) The possibility of transmitting tuberculosis by the serial inoculation of morbid products; (2) The presence of the characteristic bacilli in the affected tissue; (3) Intracutaneous—in *i. e.*, the production of a dermatosis by the proliferation of alterations clearly tuberculous, and, reciprocally, the production of tuberculosis consecutively to the development of this dermatosis; (4) The appearance of differentiated eruptions, such as lichen scrofulosorum, under the influence of inoculations of tuberculin.

The diversity of form which cutaneous tuberculosis presents is to be explained by the complex structure of the skin; the various ways in which the individual, under the influence of heredity or acquired peculiarities, reacts under the influence of tuberculous infection; age, and, finally, the form under which the infectious agent presents itself. This agent is most commonly a bacillus identical with that of Koch. This bacillus may be modified, however, so that it has little tendency to multiply, and is with difficulty inoculable. While the bacilli can, without doubt, act mechanically, yet it is through the intermediation of the toxins which they produce that their action is to be explained. In all probability the infectious agent of tuberculosis may present itself under a form distinct from the bacillus.

The non-bacillary forms of cutaneous tuberculosis are distinguished by their destructive, invading character, and by the production of toxins which diffuse themselves throughout the greater part of the integument and produce there a special reaction; by not being heteroinoculable; and by presenting a structure distinct from that of other tuberculous lesions. The pathogenic toxins may proceed from foci remote from the regions in which they are localized. The dermatoses due to toxins are distinguished by their occurrence in those attacked by tuberculosis, by not being of a destructive character, by readily yielding to treatment, and by not being heteroinoculable.

The forms of cutaneous tuberculosis due to bacilli are lupus scleroux (Vidal) or tuberculosis verrucosa (Riehl and Paltauf), anatomical tubercle, tuberculous gumma, tuberculous tumor, tuberculous ulcer, suppurative tubercles. Those probably produced by a microbic form distinct from the ordinary bacillus are lupus erythematosus and lupus pernio. As due to toxins emanating from distant foci are to be considered lichen scrofulosorum, acne cachectica, isolated or agminate folliculitis in plaques extending eccentrically, papulovesicular tubercles, tuberculous erythematata.

Among diseases which find in tuberculosis a favorable soil for their development may be mentioned pityriasis versicolor, pityriasis rubra, and, perhaps, some forms of eczema.

In the treatment of cutaneous tuberculosis ablation and cauterization are the most efficacious methods.

INFLUENCE OF ACUTE SPECIFIC DISEASES ON LEPROSY.

P. E. TODD (*Brit. Med. Journ.*, June 20, 1896), who is medical officer in charge of the Leper Institution, Robben Island, Cape of Good Hope, publishes information designed to show what influence certain acute specific diseases may have upon the course of leprosy. Of the lepers who contracted erysipelas, seven died of this disease; 36 per cent. of those who contracted

it were worse afterward, and in 64 per cent. there was no improvement. Of the lepers who contracted measles, 12 per cent. were rendered worse; there was no improvement in 68 per cent., and temporary improvement in 12 per cent. Measles being a disease of childhood, and the average age of commencement of first symptoms of leprosy being found to be among 645 patients twenty-six years, one would expect to find few lepers affected with measles. But all doubtful cases of measles were eliminated, only those being accepted in which it was clearly shown that an epidemic existed at the time in the locality where the patient lived. A large number of tubercular lepers are in all leprosy countries affected with pulmonary tuberculosis, and the death-rate from this disease is a high one. After a patient becomes affected it can be noticed that the facial infiltration due to leprosy diminishes very considerably. Syphilis exists in the same individual side by side with leprosy, and the features of either disease do not appear to be materially changed. It is noteworthy that potassium iodide in particular exercises an injurious effect upon leprosy. It is unscientific to describe a syphilitic form of leprosy; one might as well describe a syphilitic measles. [The result of Dr. Todd's observations, which are set forth in tabular form, is that, in spite of the statements made in Dr. Impey's recent work on leprosy, no real improvement is to be looked for in lepers by the contraction of erysipelas, measles, or syphilis; and he thus confirms the experience of many other observers familiar with the course of leprosy.]

MICRO-ORGANISMS AND DISEASES OF THE SKIN.

In an introductory address delivered at the annual meeting of the Dermatological Society of Great Britain and Ireland (*British Journal of Dermatology*, July, 1896), PAYNE discusses the relationship of micro-organisms to the etiology of diseases of the skin. Certain species of micrococci are found in suppurative diseases of the skin, and are without doubt the cause of the suppuration. They are also found in other diseases which are suppurative only secondarily, as, impetiginous eczema, pustular scabies. It must be remembered, however, that these staphylococci often exist as saprophytes on various parts of the skin, and in any case of staphylococchia it is a question whether the cocci were previously present or were introduced from without. On certain parts of the skin bacteria are much more abundant than on others; chief of these is the hairy scalp, especially if scurfy. These do not necessarily produce any pathogenic effect, but they may be a source of infection for wounds. An evidence of the pathogenic properties of scurf containing micrococci is the frequency of suppurative affections, such as pustular acne, pustules on the neck, and boils on the face, the nape of the neck, the shoulders in connection with seborrhœic conditions of the scalp. Other situations in which bacteria are especially plentiful are the feet, perineum, scrotum, and adjacent parts. The origin of impetigo may be explained by the gradual evolution of virulence in cocci which at first exist upon the skin as saprophytes.

As to the rôle which bacteria play in eczema, it may be observed that certain clinical features of the disease may be explained as due to certain bacteria in the same sense as impetigo is due to staphylococci; due, that